

## **SAFETY HISTORY and PROGRAM DATA**

### 1. Subcontractor SAFETY PERFORMANCE AND PROGRAM

#### Workers Compensation Insurance - Experience Modification Rate (EMR)

1. Please obtain a letter\* from your insurance agent (or state fund, if applicable) with your interstate EMR's for the last three (3) rating periods. If you do not have an interstate rating, obtain your intrastate EMR's. Then complete the following data: Attach the letter as part of this package.

	<u>Policy Year</u>	<u>Modification Rate</u>
Most Recent Policy Year	_____	_____
1 Year previously	_____	—
2 Years previously	_____	—
		—

Are the above rates interstate or intrastate? \_\_\_\_\_

If intrastate, which state? \_\_\_\_\_

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?

YES \_\_\_\_\_ NO \_\_\_\_\_

\*Note: Any of the following methods of "obtaining a letter" are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- Furnish a copy of the last three (3) years Experience Rating Calculation Sheets, which your insurance carrier should forward to you annually; or
- If you're in a "state fund" state, such as Ohio or West Virginia, furnish a copy of the state's last three (3) years annual statement page that shows the modification rate and the coverage period.

## **ATTACHMENTS**

Attachment A:	Evaluation of Contractors Safety Records and Potential
Attachment B:	Contractor's Safety Data, First Aid Cases

# ATTACHMENT A

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## EVALUATION OF CONTRACTOR'S SAFETY RECORDS AND POTENTIAL

### A. 1. Check your type of work:

Nonresidential Building \_\_\_\_\_

Heavy (Nonhighway) Construction \_\_\_\_\_

Plumbing, Heating and Air Conditioning \_\_\_\_\_

Other \_\_\_\_\_

### 2. Are accident reports (OSHA 200) and summaries sent to the following? How often?

	No	Yes	Monthly	Quarterly	Annually
Field Superintendent	_____	_____	_____	_____	_____
	_____	_____			
Project Manager	_____	_____	_____	_____	_____
	_____	_____			
President of Construction	_____	_____	_____	_____	_____
	_____	_____			
President of Firm	_____	_____	_____	_____	_____
	_____	_____			

### 3. Do you hold safety meetings for field supervisors? Yes\_\_\_\_\_ No\_\_\_\_\_

How often?

Weekly \_\_\_\_\_

Bi-weekly \_\_\_\_\_

Monthly \_\_\_\_\_

Less often as needed \_\_\_\_\_

### 4. Do you conduct project safety inspections? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who conducts the inspection (title)? \_\_\_\_\_ And how often  
\_\_\_\_\_

### B. OSHA Recordable Incidents

1. Furnish a copy of your firm's OSHA 200 Log from last year. It is unlikely that we qualify your company to bid FEMP work without the OSHA 200 log.

# ATTACHMENT A

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2. Using the OSHA 200 Log, Complete the following:

- a. Number of injury related fatalities from column 1 \_\_\_\_\_
- b. Number of injuries with lost workdays from column 2 \_\_\_\_\_
- c. Number of injuries without lost workdays from column 6 \_\_\_\_\_
- d. Number of illness related fatalities from column 8 \_\_\_\_\_
- e. Number of illnesses with lost workdays from column 9 \_\_\_\_\_
- f. Number of illnesses without lost workdays from column 13 \_\_\_\_\_
- g. Total number of injuries and illnesses on OSHA 200 Log \_\_\_\_\_
- h. Total number of cases listed in columns 6 and 13 \_\_\_\_\_  
 which are "first aid" cases. Highlight each of these  
 cases by placing an asterisk beside them on the OSHA  
 200 Log. (See Attachment B for a definition of a first aid case.)

3. Employee hours worked last year (field, supervisor, and clerical) \_\_\_\_\_

4. How are accident records and accident summaries kept? How often are they reported?

	No	Yes	Monthly	Annually
Accidents totaled for the entire Company	_____ —	_____ —	_____	_____
Accidents totaled by project	_____ —	_____ —	_____	_____
Subtotaled by superintendent	_____ —	_____ —	_____	_____
subtotaled by foreman	_____ —	_____ —	_____	_____

## C. Safety Program

1. Are site safety meetings held for:

	<u>Yes</u>	<u>No</u>	<u>Frequen</u> <u>cy</u>	<u>Title of Person</u> <u>Conducting</u> <u>Meeting</u>
a. Field Supervisor?	_____ —	_____ —	_____ —	_____ —
b. Employees?	_____ —	_____ —	_____ —	_____ —
c. New Hires?	_____ —	_____ —	_____ —	_____ —
d. Subcontractors?	_____ —	_____ —	_____ —	_____ —

\*Attach explanation if they resulted from conditions beyond your company's control.

# ATTACHMENT A

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2. Are job safety inspections conducted? Yes \_\_\_\_ No \_\_\_\_ Frequency \_\_\_\_\_

3. a. Does your company have a formal safety program? Yes \_\_\_\_ No \_\_\_\_  
b. If the answer is "YES", please submit a copy with this information.

4. Explain how safety is enforced on your programs.

5. How are accident costs kept? How often are they reported?

	No	Yes	Monthly	Annually
Cost totaled for entire company	____	____	____	____
	—	—	—	—
Cost totaled by project	____	____	____	____
	—	—	—	—
Subtotalled by superintendent	____	____	____	____
	—	—	—	—
Subtotalled by foreman	____	____	____	____
	—	—	—	—

D. List key personnel planned for this project. Please list names, expected positions, and safety performance on last three projects worked on.

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E. Does your company have an orientation program for new hires? Yes \_\_\_\_ No \_\_\_\_

If yes, does it include instruction on the following?

	Yes	No
a. Head protection	____ —	____ —
b. Eye protection	____ —	____ —
c. Hearing protection	____ —	____ —
d. Respiratory protection	____ —	____ —
e. Safety belts and lifelines	____ —	____ —
f. Scaffolding	____ —	____ —
g. Perimeter guarding	____ —	____ —

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		Yes	No
h.	Housekeeping	____ —	____ —
i.	Fire protection	____ —	____ —
j.	First aid facilities	____ —	____ —
k.	Emergency procedures	____ —	____ —
l.	Toxic substances	____ —	____ —
m.	Trenching and Excavation	____ —	____ —
n.	Signs, barricades, flagging	____ —	____ —
o.	Electrical safety	____ —	____ —
p.	Rigging and crane safety	____ —	____ —

F. 1. Does your company have a program for newly hired or promoted foremen?  
No \_\_\_\_ Yes \_\_\_\_

		Yes	No
a.	Safe work practices	____	____
b.	Safety supervisor	____	____
c.	Toolbox meetings	____	____
d.	Emergency procedures	____	____
e.	First aid procedures	____	____
f.	Accident investigation	____	____
g.	Fire protection and prevention	____	____
h.	New worker orientation	____	____



2. Do you hold craft "toolbox" safety meetings Yes \_\_\_\_ No \_\_\_\_

How often?

Weekly \_\_\_\_\_

Bi-weekly \_\_\_\_\_

Monthly \_\_\_\_\_

Less often as needed \_\_\_\_\_

CONTRACTOR'S SAFETY DATA

FIRST AID CASES

First aid cases should not be recorded on the OSHA 200 Log, but many contractors do so because the OSHA rules are hard to understand. If the firm includes first aid cases on the OSHA log, the Recordable Incident Rate looks higher than it really is. This makes it more difficult for FEMP to qualify the firm as a bidder or contractor. This page is included to help one understand what a first aid case is. After reading it, one should be able to understand item 2 on Safety Data page 4.

General Overview

First aid cases include one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care even though it may be provided by a physician or registered professional personnel. Administration of a single dose of a prescription medication on the first visit for a minor injury is first aid. Retreatments constitute Medical Treatment Cases. Repeated use of nonprescription medication, other than antiseptic, is a first aid case.

Example of first aid treatment for certain types of injuries and illnesses:

Abrasion - Limited to cleaning wound, soaking, applying antiseptic, medication, and bandaging on first visit. Follow-up visits are restricted to observation and changing bandages.

Bruises - Limited to a single soaking or applying cold compresses and any follow-up visits for observation of the injury.

Burns- Thermal and Chemical (resulting in destruction of tissue by direct contact) - Limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptic, medication, and bandaging on first visit. Follow-up visits are restricted to observation, changing bandages, and nonprescription medication other than antiseptic.

Cuts and Lacerations - Limited to cleaning wound, soaking, applying antiseptic, medication and bandaging on first visit. Follow-up visits are restricted to observation and changing bandages.

Eye Injuries - Limited to irrigation, removal of foreign material no imbedded in eye, and one-time treatment of minor corneal scratches and abrasions. Administration of nonprescription medication and single doses of prescription medications.

Inhalation of Toxic or Corrosive Gases - Limited to removing the employee to fresh air or the one-time administration of oxygen for several minutes.

## ATTACHMENT B

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### CONTRACTOR'S SAFETY DATA

#### FIRST AID CASES

Splinters, and Puncture Wounds - Limited to cleaning wound, removing foreign object(s) by tweezers or other simple technique, applying antiseptic, medication, and bandaging on first visit. Follow-up visits are restricted to observation and changing bandages.

Sprains and Strains - Limited to soaking, applying cold compresses or use of elastic bandage on first visit. Follow-up visits are restricted to observation and applying bandages.

#### Examples of Diagnostic Procedures Considered First Aid

Hospitalization for observation where no medical treatment is rendered other than first aid. However, if the employee misses all of his next scheduled shift, the case becomes a Lost Workday Case.

Visit to a physician or nurse for observation only is first aid.

X-ray examination for fracture is diagnostic. Where X-ray is negative, the case is first aid.

#### Examples of Preventive Procedures and Treatment Considered First Aid

Tetanus shots are preventive and are first aid cases unless reaction to the shot necessitates treatment.

Preventive Medication - Reaction to preventive medication such as flu shots (not administered because of an occupational injury or illness).

NOTE: OSHA also publishes a reference booklet "Record Keeping Guidelines for Occupational Injuries and Illnesses" to assist in correctly categorizing injuries and illnesses.